

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST

Operator CMS Gas Transmission Company

State Permit No. 30697

Address 3615 Rochester Road
Leonard, MI 48038

USEPA Permit No. MI-125-2D-0002

Date of Test January 30, 2013

Well Name Leonard MCGC BDW #1

Well Type IID

LOCATION INFORMATION

NE Quarter of the SE Quarter of the NE Quarter
of Section 15; Range 11E; Township 5N; County Oakland;

Company Representative Dave Dowhan/Mark Amell; Field Inspector _____;

Type of Pressure Gauge 4 (digital) inch face; 1000 psi full scale; 1 psi increments;

New Gauge? Yes ☐ No ☒ If no, date of calibration self calibration

Calibration certification submitted? Yes ☐ No ☒

TEST RESULTS

Readings must be taken at least every 10 minutes for a minimum of 30 minutes for Class II, III and V wells and 60 minutes for Class I wells.

For Class II wells, annulus pressure should be at least 300 psig. For Class I wells, annulus pressure should be the greater of 300 psig or 100 psi above maximum permitted injection pressure.

Original chart recordings must be submitted with this form.

5-year or annual test on time? Yes ☐ No ☒

2-year test for TA'd wells on time? Yes ☒ No ☐

After rework? Yes ☐ No ☒

Newly permitted well? Yes ☐ No ☒

Pressure (in psig)

Time	Annulus	Tubing
<u>10:01 am</u>	<u>310</u>	<u>0</u>
<u>10:11 am</u>	<u>307</u>	<u>0</u>
<u>10:21 am</u>	<u>304</u>	<u>0</u>
<u>10:31 am</u>	<u>305</u>	<u>0</u>
<u>10:41 am</u>	<u>304</u>	<u>0</u>

Casing size 5 1/2" @2464' KB

Tubing size 2 3/8" @2373' KB

Packer type Baker AD-1

Packer set @ 2373' KB

Top of Permitted Injection Zone 2414' KB

Is packer 100 ft or less above top of

Injection Zone? Yes ☒ No ☐

If not, please submit a justification.

Fluid return (gal.) 4

Comments:

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x 0.03 9.3 psi
Test Period Pressure change 6 psi

Test Passed ☒ Test Failed ☐

If failed test, well must be shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

I certify under penalty of law that this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See 40 CFR 144.32(d))

David J Dowhan
Printed Name of Company Representative

David J Dowhan
Signature of Company Representative

01/30/13
Date